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Bib Data Sheet

CONFIRMATION NO. 4093

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|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/648,580 | <b>FILING OR 371(c) DATE</b><br>08/25/2003<br><b>RULE</b> | <b>CLASS</b><br>719 | <b>GROUP ART UNIT</b><br>2194 | <b>ATTORNEY DOCKET NO.</b><br>063170.6292 |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/406,391 08/26/2002 and claims benefit of 60/406,399 08/26/2002  
 and claims benefit of 60/406,325 08/26/2002  
 and claims benefit of 60/406,328 08/26/2002  
 and claims benefit of 60/406,204 08/26/2002  
 and claims benefit of 60/406,205 08/26/2002  
 and claims benefit of 60/406,319 08/26/2002

Yes LG

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 11/15/2003

No LG

|   |                                      |                             |                           |                                |
|---|--------------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>AUSTRALIA | <b>SHEETS DRAWING</b><br>14 | <b>TOTAL CLAIMS</b><br>10 | <b>INDEPENDENT CLAIMS</b><br>2 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                      |                             |                           |                                |
| Verified and Acknowledged<br>Examiner's Signature: <u>[Signature]</u> Initials: <u>LY</u>   |                                      |                             |                           |                                |

**ADDRESS**

5073

**TITLE**

Web Services apparatus and methods

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>880 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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